

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Denali Commission		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 180-05 (AFN Center for excellence)		OMB Approval No. 0348-0038	Page of 1 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Alaska Federation of Natives 1577 C Street, Ste. 300 Anchorage, AK 99501					
4. Employer Identification Number 92-0034863		5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 6/10/2005		To: (Month, Day, Year) 3/31/2007 <i>4/1/07</i>		9. Period Covered by this Report From: (Month, Day, Year) 1/1/2007	
To: (Month, Day, Year) 3/31/2007					
10. Transactions:		I Previously Reported		II This Period	
				III Cumulative	
a. Total outlays		755,644.14		72,796.81	
b. Recipient share of outlays				828,440.95	
c. Federal share of outlays		755,644.14		72,796.81	
d. Total unliquidated obligations				828,440.95	
e. Recipient share of unliquidated obligations					
f. Federal share of unliquidated obligations					
g. Total Federal share (Sum of lines c and f)				828,440.95	
h. Total Federal funds authorized for this funding period				936,803.00	
i. Unobligated balance of Federal funds (Line h minus line g)				108,362.05	
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed			
		b. Rate c. Base d. Total Amount e. Federal Share			
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. Amended previously reported due to coding errors while Gladys Charles was on medical leave. Please note that we are on accrual basis, not cash.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title GLADYS C. CHARLES VP ADMINISTRATION				Telephone (Area code, number and extension) 907-274-3611	
Signature of Authorized Certifying Official <i>Gladys C. Charles</i>				Date Report Submitted 19 APR 2007 April 17, 2007	

NSN 7540-01-218-4387

Standard Form 268A (Rev. 7-97)
Prescribed by OMB Circulars A-102 and A-111

ACCEPTED

ENTERED